

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010348

**Entity Name:** MEDCODING ASSOCIATES, LLC

**Current Principal Place of Business:**

18191 NW 68TH AVE SUITE 220  
HIALEAH, FL 33015

**Current Mailing Address:**

PO BOX 126487  
HIALEAH, FL 33012

**FEI Number:** 26-4313395

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MELENDEZ, DARLING E  
18191 NW 68TH AVE  
220  
HIALEAH, FL 33015 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR
Name	MELENDEZ, DARLING E
Address	18191 NW 68TH AVE 220
City-State-Zip:	HIALEAH FL 33015
Title	AMBR
Name	ROMAN, JUAN M SR
Address	18191 NW 68TH AVE SUITE 220
City-State-Zip:	HIALEAH FL 33015

Title	MGRM
Name	ROMAN, JUAN MJR.
Address	18191 NW 68TH AVE 220
City-State-Zip:	HIALEAH FL 33015

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUAN M. ROMAN JR.

**MANAGER**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date